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FACSIMILE COVER SHEETDATE: November 13, 2003OUR REF.: MATP-596US

TIME: _____

YOUR REF.: 09/702,229

TO:	Examiner Victor R. Kostak
COMPANY:	U.S. Patent and Trademark Office
FROM:	Kenneth N. Nigon/Stephen J. Weed
FAX TELEPHONE:	1-703-872-9314
OFFICE TELEPHONE:	
TITLE OF DOCUMENT:	Amendment in Response to Office Action dated August 13, 2003

Total Number of Pages: 12 (including this form)

COMMENTS

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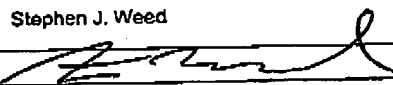
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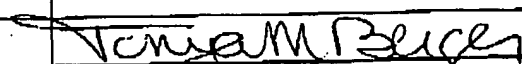
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/702,229
	Filing Date	October 31, 2000
	First Named Inventor	Todd S. Bowser
	Art Unit	2611
	Examiner Name	Victor R. Kostak
	Attorney Docket No.	MATP-596US
Total Number of Pages in This Submission 11		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm or Individual	Stephen J. Weed	Registration No. (Attorney/Agent)
Signature		45,202
Date	November 13, 2003	

CERTIFICATE OF TRANSMISSION / MAILING			
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			November 13, 2003
Name (Print/Type)	Tonya M. Berger		
Signature		Date	November 13, 2003

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Appln. No.: 09/702,229
Amendment Dated November 13, 2003
Reply to Office Action of August 13, 2003

MATP-596US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/702,229
Applicant: Todd S. Bowser
Filed: October 31, 2000
Title: TELEVISION RECEIVER WITH SHARED DATA PORT AND CONTROL
SOFTWARE
TC/A.U.: 2611
Examiner: Victor R. Kostak
Confirmation No.: 1290
Docket No.: MATP-596US

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **August 13, 2003**, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 6 of this paper.